

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4222

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 0110

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY OR TOWN <b>BRENTWOOD</b>		c. CITY OR TOWN <b>BRENTWOOD</b>	
c. LENGTH OF STAY (In this place) <b>5 YR</b>		d. STREET ADDRESS (If rural, give location) <b>9010 MADGE AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9010 MADGE AVE</b>		e. STREET ADDRESS (If rural, give location) <b>9010 MADGE AVE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b> b. (Middle) <b>E</b> c. (Last) <b>NELSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 11 53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-8-1895</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SUPERINTENDANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>TIPTON MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SUPERINTENDANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNION ELECTRIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>TIPTON MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. FATHER'S NAME <b>UNKNOWN</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA-RENSHAW</b>	14. NAME OF HUSBAND OR WIFE <b>ADDIE-NELSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ADDIE NELSON-9010 MADGE</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-23-1952</b> to <b>1-11-1953</b> , that I last saw the deceased alive on <b>1/11/53</b> , 19 <b>53</b> , and that death occurred at <b>5 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles C. DeLoach, M.D.</b> (Degree or title)		23b. ADDRESS <b>19 E. Lockwood, Webster Groves 19, Mo.</b>	23c. DATE SIGNED <b>1-12-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>1-14-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE-CREMATORY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>
DATE REC'D BY LOCAL REG. <b>1-13-53</b>	REGISTRAR'S SIGNATURE <b>Harbert R. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH-7466 MANCHESTER-MAPLEWOOD MO.</b>	

520 (Licensed Embalmer's Statement on Reverse Side)

MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 17 1953

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *H. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.